

ISSUE SLIP STAP! F. AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ML		07-05-01
O.I.P.E. CLASSIFIER		10	7-13-01
FORMALITY REVIEW	TM	1124	8.17.01
RESPONSE FORMALITY REVIEW	JK	838	05/23/02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 - Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	01
Original	02
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	O
8	O
9	✓
10	✓
11	✓
12	✓
13	O
14	O
15	✓
16	✓
17	O
18	O
19	V
20	V
21	V
22	✓
23	O
24	✓
25	✓
26	O
27	V
28	O
29	N
30	N
31	N
32	N
33	N
34	N
35	N
36	N
37	N
38	N
39	N
40	N
41	N
42	N
43	N
44	N
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Claim	Date
Final	
Original	
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Claim	Date
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05/23/02If more than 150 claims or 10 actions
staple additional sheet here

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